

APR 21 2006

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/664,581
		Filing Date	September 17, 2003
		First Named Inventor	Charles E. Biss
		Art Unit	2876
		Examiner Name	Kimberly D. Nguyen
Total Number of Pages in This Submission	25	Attorney Docket Number	283-381

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
		One check for \$2,240.00 (\$790 RCE Fee, \$180 IDS Fee, \$1,150 Claims Fee and \$120 One Month Extension of Time Fee), PTO/SB/30 Request for Continued Examination (1 pg.), PTO/SB/08A (1 pg.), PTO/SB/08B (1 pg.), One copy of cited references AH-AK, Certificate of Express Mailing and Return Mail Room Postcard.		
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account No. <u>50-0289</u> .	
		Express Mail Label No. EV676905541US		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wall Marjama & Bilinski LLP George S. Blasiak	Reg. No. 37,283
Signature		
Date	April 21, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service using the Express Mail Post Office To Addressee service per 37 CFR 1.10 under Express Mail No. EV676905541US addressed to Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 21, 2006.

Typed or printed name	Barbara A. Saltsman		
Signature		Date	April 21, 2006

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

APR 21 2006

FEE TRANSMITTAL For FY 2006

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Complete if Known

Application Number	10/664,581
Filing Date	September 17, 2003
First Named Inventor	Charles E. Biss
Examiner Name	Kimberly D. Nguyen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2876
AMOUNT OF PAYMENT	\$2,240.00
Attorney Docket No.	283-381

Express Mail Label No. EV676905541US

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)

HP= highest paid number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEES			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)			
Other: \$790 RCE Fee, \$180 IDS Fee, \$1,150 Claims Fee and \$120 One Month Extension Fee			\$2,240.00

SUBMITTED BY

Signature		Registration No. 37,283 (Attorney/Agent)	Telephone 315-425-9000
Name (Print/Type)	George S. Blasiak		Date April 21, 2006